

## WV Health Benefit Exchange Stakeholder Meeting Summary

**Group:** Providers and Consumers

**Location:** Offices of the Insurance Commissioner,  
1124 Smith Street, Main Conference Room

**Date:** 9/25/12

**Time:** 10:00 a.m. – 12:00 p.m.

**Objectives:** See agenda

**Facilitator/Lead:** Matt West

**Handouts** Agenda, “Federal State Partnership  
Consumer Assistance Partnership” PowerPoint

**Attendees:** Randy Myers, Diana Hypes, Jeremiah Samples, Jeff Wiseman, Lisa Calderwood, Terri Barrett, Julie Monnig, Phil Shimer, Renate Pore, Debi McCoy, Perry Bryant, Dena Wildman, Rachel Huff  
(on phone) Arnie Hassen, Lisa Diehl, Tom Bias, Chad Robinson, Tisha Reed, Larry Matheney, Pam King, Kathy Beck, Stephen Smith, Sarah Asad, Kira Miskimmin

**Next Meeting Date:** Tuesday October 23, 2012 10:00 a.m. – 12:00 p.m.

### Discussion Points

1. **What’s New OIC newsletter** – The newsletter is a great resource for all types of information and activities regarding exchanges. Please send any materials and/or submissions you may have to the *What’s New* newsletter to Debi McCoy at [Deborah.McCoy@wvinsurance.gov](mailto:Deborah.McCoy@wvinsurance.gov).

- Jeremiah said that in coming months he hopes to expand the content of *What’s New* to include other health policy issues outside the Exchange.
- Perry recommended the inclusion of an Institute of Medicine report in the next newsletter.

### 2. Exchange Updates

- IT
  - Shared IT: The OIC has a contract with the National Association of State Health Policy (NASHP) to research how to potentially leverage other states’ IT systems in future years. Other initiatives of the MOU later in the agenda.
  - IT RFP. The IT RFP for the build of the Exchange is on hold at State Purchasing and could be released if a decision to proceed with a state-based exchange is made.
  - Plan Management. The OIC continues to work with the System for Electronic Rates and Forms Filings (SERFF) on upgrades that will allow for plan management functions. We’ve been pleased with the SERFF upgrades so far. The SERFF team will be presenting at the next issuer stakeholder meeting on October 9; any members of other stakeholder groups are invited to come if they are interested. The OIC is continuing to work with HHS to determine what’s required for certification for any model. There are many questions left unanswered, including: actuarial value calculator; discriminatory benefit design which may be addressed by using something similar to the “Ask Marty” tool for Medicare that HHS said would be made available to states; meaningful difference – limiting the number of products that would be available on the Exchange to keep from overwhelming consumers; network adequacy; service area. HHS has said they would be releasing further guidance in the future. The NAIC has released a whitepaper on network adequacy. One criticism is that it does not address special considerations that must be made for networks in rural areas. We have another question about what administrative cost and staffing needs the OIC would need to operate a Plan Management Partnership. The state has a unique issue regardless of model because we currently have network adequacy for HMOs, so we would have to consider that when setting network adequacy requirements for QHPs.

Q: Perry Bryant - Does the OIC get complaints about HMO network adequacy?

A: Dena explained that they do occasionally but they can usually work with carriers to allow the member to go to an out-of-network provider.

- **Federal Updates**

- Rules – Last month the IRS released a rule on premium tax credits, and a rule about 90 day waiting periods was also made public. Still waiting for market rules including: rating rules, which will outline parameters for tobacco use; regional rating, which may or may not be similar to the 5 or 6 rating areas currently used in the private market. The state needs to decide if we will have a single rating area or multiple but we can't complete analysis until the rule is released. We're also still waiting for the interim and/or final EHB rule which was supposed to be released in the spring of this year but has still have not been released. It's almost impossible for the state to make a decision without knowing what several key definitions are.

Q: Perry Bryant asked if WV could change the EHB benchmark decision during the Final Rule comment period.

A: Jeremiah said that that's our understanding from what we've been told verbally.

Q: Perry Bryant asked if HHS would accept an EHB other than the default.

A: Jeremiah said that his current understanding is that HHS will determine EHB based on the recommendation of the state.

Q: Perry Bryant asked if the Medicaid expansion analysis would be completed through the OIC's actuary contract.

A: Jeremiah said that this analysis is a part of the contract's scope of work, but that final analysis would be very difficult to complete without the Medicaid EHB selection process, which has not yet been released.

Q: Renate Pore asked if the actuarial analysis of the Medicaid expansion would be delayed until the EHB rule is released.

A: Jeremiah said that analysis will begin but there are limitations to what can be done in absence of that rule.

Q: Renate asked about the timeframe for the actuarial analysis.

A: Jeremiah stated that the OIC is still in the beginning phases of the project with CCRC Actuaries and are developing a work plan and timeline. CCRC has formally requested information from carriers that will help in their analysis.

Q: Renate asked if the analysis would be complete by the legislative session.

A: Jeremiah said that while there are a various factors that could delay completion of the project, the tentative goal would be to have a draft completed by the beginning of the legislative session.

- **Other Updates**

- Regional Exchanges - Jeremiah discussed the progress with the National Academy of State Health Policy (NASHP). The purpose of this effort is to research potential future regional exchanges, develop reciprocal agreements with other states, potentially share risk pools, develop ways to help bring down administrative costs, potential for shared IT systems. West Virginia is aggressively exploring these options. We hope to have NASHP come to a stakeholder meeting in November or December.
- Stand-Alone Dental Plans – Jeremiah noted there are a number of outstanding questions and issues related to how stand-alone dental plans (SADPs) will be available on the Exchange. The

ACA requires that SADPs be sold on the Exchange and a requirement that pediatric dental benefits be part of the Essential Health Benefits (EHB) package. But the details of how the products will be certified, priced, marketed, and purchased are still contingent on information that has not yet been provided by HHS.

### 3. **Presentation on Federal-State Partnership Exchange: Consumer Assistance Program**

The states have several options of which Exchange model to elect: a fully federally-facilitated exchange, a state-based exchange or a partnership model. States that choose to operate a Partnership can choose to do Plan Management, Consumer Assistance, or both. West Virginia has not yet selected which model Exchange will be developed in the state, but because of stakeholders' interest in consumer assistance mechanisms in each model, the OIC has prepared what information is available to explain the options.

Jeff Wiseman gave a presentation on a summary of the state's responsibilities in a Consumer Assistance Partnership Exchange model.

There are four entities recognized by HHS that could provide assistance to consumers: Navigators, Marketplace Assistors, Community Assistors, and Agents.

Navigators: The ACA requires that two entities must be selected as Navigators. Navigator duties are outlined in the ACA and include: conduct public education activities, distribute information, facilitate enrollment, and provide referrals to other assistance mechanisms. HHS is responsible for determining funding for navigators in a partnership model.

Q: Perry asked how Navigators would be funded in each model.

A: In a FFE or Partnership, HHS will determine how the program is funded. In an SBE, the state would have to decide. Because Establishment and Planning Grant funding cannot be used, funding for Navigators would have to come from another source, potentially an assessment to carrier or user fees.

Q: Renate asked who can be navigators.

A: The ACA specifies different types of entities that are eligible to be Navigators. They include: community and consumer-focused non-profits; trade and professional associations, commercial fishing organizations; ranching and farming organizations; chambers of commerce; unions; partners of the Small Business Association; agents; and other entities capable of carrying out required duties.

Q: Phil Shimer – Do we know what would be required to meet the “culturally and linguistically appropriate” requirement for Navigators in WV?

A: Debi – We're working with Marshall to look at this issue. There are a growing number of Hispanics in eastern panhandle but we don't know what actions would be required at this point.

A: Jeremiah further explained the purpose of the MOU with Marshall University; Marshall will be researching the current health insurance literacy level of citizens so that the Exchange can use that information in developing appropriate and effective marketing and education plans. CCRC will be looking at census data, also, which will help assess the number of non-English speaking citizens in the state.

Jeremiah asked Dena if anyone that spoke Spanish called the OIC's Consumer Service Division. Dena said that we currently don't have the capacity to do that. Under CAP, HHS said we didn't have to provide that service because of the low population of Spanish-speaking in the state. We are currently using ATT translation service as needed for callers who need it.

Jeff discussed that HHS would be responsible for training Navigators in an FFE or Partnership.

Marketplace Assistors (MA). 1311 funds can be used, state applies for funding for program through an Establishment Grant and administers program.

Q: Perry Bryant asked if we plan to apply for grants to do these programs.

A: Jeremiah said we can use current funding and apply for subsequent Level One grants.

Q: Richard Stevens asked about captive agents selling on the Exchange.

A: Jeremiah stated that agents can be compensated by carriers like their current relationship as long as they meet the requirements set forth in the ACA and final exchange rule. Jeremiah recapped that the

Marketplace Assister is a new entity that we have only heard of verbally. HHS has said they'd release further guidance by the end of September.

Q: Perry Bryant asked if we would set MA standards in Partnership.

A: Jeremiah recapped the three options for Partnership models. If we choose Consumer Assistance, we can operate an MA program.

Jeremiah briefly discussed that an MOU that would exist with the HHS in a Partnership.

Q: Phil Shimer – when looking at partnership, are you considering if individuals could receive subsidies regardless of model?

A: Jeremiah – we're proceeding on the understanding that we would be eligible to give subsidies in an SBE or Partnership.

Phil Shimer said Oklahoma's Attorney General has filed a lawsuit on this issue.

### **Next Meeting**

The next meeting will be held Tues., October 9, 2012 10:00 a.m. – 12:00 p.m.

### **Action Register**

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What/Task	Who	When
1. Prepare notes from meeting	OIC	9/28/12
2. Include IOM Report in next <i>What's New</i> Newsletter	OIC	
3. Notify all stakeholders of the SERFF presentation on 10/9.	CESD	

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